

DPW # _____

DISTRICT _____

FOR OFFICIAL USE ONLY

**TOWN OF ISLIP
DEPARTMENT OF PUBLIC WORKS**

REGISTRATION OF EQUIPMENT FOR SNOW REMOVAL

- A. Every contractor and sub-contractor having equipment listed for snow removal is required to have a **Certificate of Insurance** showing that coverage on their equipment is at least within the following limit:
Combined single limit of **\$300,000**.

Attach Picture of Vehicle
(FOR OFFICIAL USE)

- B. If you have employees, a **Workmen's Compensation Certificate** is required.
- C. Unit shall be subject to an inspection by the Town of Islip.

- D. **COMPLETE BOTH SIDES OF THIS FORM
AND ANSWER QUESTIONS 1 THRU 7**

NAME: _____

ADDRESS: _____

TELEPHONE #: (DAY) _____

(NIGHT) _____

S.S. # OR TAXPAYER I.D.# _____

INS. APPROVED _____

Signature

INSPECTION*Pass Fail*

Plow Lights		
Plow Operable		
Plow Blade- OK		
Truck NYS Insp		
Truck Lights		
Tires		

Inspected by _____

Signature

1. YEAR	2. MAKE	3. MODEL	4. SERIAL NO.	5. #OF WHLS.	# OF DRIVE WHLS.	6. # OF CYL

7. GROSS VEHICLE WEIGHT	8. POWER GAS/DIESEL	9. LICENSE PLATE	10. VEHICLE NO.

11. PLOW SIZE	12. BODY TYPE	13. ENG. SIZE (CU. IN.)	14. FOR LOADER: TOTAL WEIGHT: _____ HORSEPOWER: _____

- 15.** List any person other than yourself having any ownership interest in the vehicle listed.
(Corporations, Partnerships, etc. list every person having ownership interest in the company).

- 16.** Indicate if any of the persons listed are either employees of the Town, related to employees of the Town, or in any way dependents of an employee of the Town.

- 17.** List any relatives of yours who are employees of the Town.

REMARKS

KINDLY ATTACH INSURANCE CERTIFICATE TO COMPLETED FORM AND RETURN TO
TOWN OF ISLIP, DEPARTMENT OF PUBLIC WORKS, 401 MAIN STREET, ISLIP, NY 11751.